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Subject: Naval Service Medical News (NSMN) 94-29

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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (94-29)//  
POC/CAPT P.C. BISHOP/-/MED-00P (PUBLIC AFFAIRS)/-/TEL:(202)653-  
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF  
INFORMATION AND NEWS OF INTEREST TO NAVY AND MARINE CORPS  
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2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:  
(940235)-MSC Celebrates Anniversary with Oldest Living Officer  
(940236)-Dental Techs are Ship's Top Sailors  
(940237)-Navy Medical Department People in Special Operations  
(940238)-HEALTHWATCH: Shake the Problem, Not the Baby  
(940239)-AMSUS Honors Four with Lecture Awards (para 3)  
(940240)-Call for Abstracts for Nursing Symposium (para 3)

HEADLINE: MSC Celebrates Anniversary with Oldest Living Officer  
NAVHOSP Pensacola, FL (NSMN) -- The U.S. Navy's Medical  
Service Corps (MSC) marks its 47th anniversary on Thursday, 4  
August. The corps is the most diversified corps within the Navy  
Medical Department, including allied health specialties and  
health care administrators. Navy Pensacola will celebrate the  
anniversary 12 August with an anniversary ball featuring the  
oldest living Medical Service Corps officer.

Pensacola resident, LCDR Ralph Price, MSC, USN (Ret.), who  
was one of the original 252 MSC officers permanently commissioned  
in 1947, will be the guest of honor and will cut the ceremonial  
cake. LCDR Price, age 94, enlisted in the U.S. Navy in 1917 and  
retired from naval service in 1949.

Medical Service Corps officers have been called upon in time  
of war and peace, in modern medical facilities and tents in the  
desert, in the air and on the sea, at the patient's side and in  
the research lab, with soldiers, Sailors, airmen and Marines,  
said CAPT Jerry C. Patee, MSC, the prospective commanding officer  
at the Naval Aerospace Medical Research Laboratory (NAMRL) on  
board Naval Air Station Pensacola.

Today, the Medical Service Corps has about 2,300 officers on  
active duty -- including those serving in Pensacola at NAMRL, the  
Naval Aerospace and Operational Medical Institute, the Naval  
Hospital and its Branch Medical Clinics, the Naval Dental Center

and its dental clinics, and training airwing squadrons.

"We inherited a great tradition, which we share with numerous MSC retirees living here in the Pensacola area," said CAPT Ralph Lockhart, MSC, executive officer of Naval Hospital Pensacola, "but we expect even greater things from MSC officers in the future."

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HEADLINE: Dental Techs are Ship's Top Sailors

SUBHEAD: DN Brice is George Washington's Sailor of the Quarter  
USS GEORGE WASHINGTON (NSMN) -- The competition for Sailor of the Quarter among George Washington sailors is tough. Because all the nominees are top notch, separating a "winner" from the pack isn't easy.

Singled out for his enthusiasm, dedication and hard work, Dentalman John Brice Jr. was selected as George Washington's newest Sailor of the Quarter.

Joining the Navy in August 1992, Brice completed Dental Technician "A" School and reported aboard GW in February of 1993.

He chose the dental technician rating because he has always had a personal interest in medical fields. "My sister-in-law passed away and I was right by her side feeling helpless as there was nothing I could do to help her," Brice said.

"Since then, I've wanted to help people and know how to react if the situation ever came before me again."

Brice has set high goals for his future. Ultimately, he hopes to become a medical officer, following in the footsteps of his grandfather, a retired Air Force officer. Brice constantly builds on his knowledge and enthusiasm to not only further his own career, but those who serve with him as well.

"I'm a team player," Brice said. "If my peers look at me as a model for self-improvement, then I have to be the best I can."

For his selection as Sailor of the Quarter, Chief of Naval Operations ADM Mike Boorda awarded Brice the Navy Achievement Medal during the CNO's send-off visit prior to GW's deployment on 20 May.

"It took an all hands effort for me to get this award and although I have the honor, it really goes out to the Dental Department and the whole crew," Brice said. Although Brice is quick to spread the credit, he still retains a sense of accomplishment, saying he's proud to have been singled out for his performance. No stranger to long hours and hard work, Brice, in explaining what it takes to become a Sailor of the Quarter, said: "Education is the key, nothing is given to you. If you want it, you have to work hard and get it."

Brice said he encourages others who work with him to pursue their education, because it broadens their horizons. He also said he encourages education because it's the absolute best method of moving themselves forward in the Navy.

Story by AA Thomas Smith

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SUBHEAD: DT2(AW) Rush is Junior Petty Officer of the Quarter

USS George Washington (NSMN) -- Success. Players on successful teams capitalize upon each others successes, and evaluate lessons learned from every event. The mark of a true team is not necessarily winning every time, but taking care of its people and winning most of the time.

DT2(AW) Sean Rush could tell you a thing or two about a winning team. As Dental Department's leading petty officer, Rush has led the dental team for the last two and a half years, providing all required dental care for the crew and air wing. Because of his leadership and the high quality service that he helped to maintain, Rush was named Junior Petty Officer of the Quarter for the second quarter. But, as is true with all good teams, Rush's success bred more success.

Making a clean sweep for Sailor of the Quarter boards, Rush was joined by DN John Brice, the Sailor of the Quarter for the same time period.

"Right now, on the POD, there's two people from dental (listed as the top sailors). That's a big deal," Rush said. Rush, an eight-year Navy veteran, joined the Navy because it appeared to be his best choice. "When I graduated from high school, I wasn't ready for college," Rush said.

"I needed to get a little discipline and training. I decided to join the Navy because I'd always heard it had good schools. I wanted to look into some of the Navy's education programs."

Rush chose the medical field so that he could later become a physical therapist. His choice had a personal touch to it. "The biggest reason I want to go into physical therapy is because my grandfather had a stroke and no one showed him the benefits of therapy.

"Any rate away from medical didn't appeal to me, but dental offered the best of both sides of medical and dentistry," Rush added.

Rush went to Field Medical Service School early on in his career and then moved on to the National Naval Dental Center, Bethesda, MD. Later, he served with the Second Fleet Marine Force Unit, Camp Lejeune, NC, and then on to the Third Dental Battalion at Okinawa, Japan.

Rush is now thinking about his long range goals. "I've always wanted to be a medical officer," he said. "I'm going to apply for a couple of education programs; I'm looking into EEAP and the Nurse Corps. I'd like to get into the Nurse Corps or be a Physician Assistant (PA)."

Rush's confidence in himself spurs from the jobs he's held in Dental Department.

"Along with being the LPO of the department, I'm also in charge of supply, training and Navy Rights and Responsibilities," Rush said. "I really don't see patients any more."

With eight dental technicians and three strikers working for him, Rush concentrates mainly on routing patients and running recall while letting his men run the clinic. "There's no way I could be where I am without these guys," Rush said. "They run the clinic. They take pride in their clinic. When they did that, that's when it all started coming together.

The biggest sign of success for Rush and his men is when they receive a compliment for a job well done. "When someone comes to our front desk and says, "your DT treated me well," that's what I like to see."

The success of Dental Department is not only enjoyed by the patient, but by the members of the Department itself. "We took all the emphasis off positions and gave junior guys a chance to offer input and have a voice. We ended up putting a TQL program into place without really calling it that," Rush said.

Dental Department began to work closer together and they accomplished a lot more with even more quality, said Rush. "We're one of the smallest departments, but we're one of the proudest. We came together as a family. You see us together. And when I do volunteer work, my guys also do the same jobs. We do it as a group and show our presence."

It was the teamwork that not only allowed dental to operate so successfully, but helped Rush earn his JPOQ award. "It's a reflection on my crew," he said. "You can't be a good boss without a good crew. There's no way I could be a good LPO without these guys."

Story by JO2 Kurt Allen

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HEADLINE: Navy Medical Department People in Special Operations  
BUMED Washington (NSMN) -- Wherever the Navy or Marine Corps goes, so does the Navy Medical Department. Thirty percent of our personnel are normally assigned with deployable fleet and fleet marine forces units. Additional medical support is provided for operations such as Provide Promise. These men and women are on duty around the globe -- from fighting fires in Washington state to fighting famine and disease in eastern Africa. Here is the latest update on where our medical people are on assignment.

Medical forces currently on operational assignment are:

Operation Sea Signal

Total medical/dental personnel: 466 (includes 107 BUMED augmentees)

USNS Comfort (T-AH 20): The hospital ship has one operating bed, 50 beds, and has a medical/dental staff of 153.

USNS Comfort has been sent to Mayport, FL, to await further orders. MTF OIC Capt Blankenship, the cadre staff and selected augmentees remain aboard to ready the ship for her next mission. 341 of the augmentation staff have been returned to their respective clinics and hospitals, where they remain ready for redeployment as may be needed.

While engaged as a Migrant Processing Center, COMFORT saw more than 2,300 Haitians, preliminary screening and chest films were done on each. More than 500 Haitians were adjudicated into the United States as refugees; each was given a full medical screening. A wide variety of diseases and injuries were seen and treated. Capt Blankenship and his entire staff met the extraordinary challenges of this alternate mission for COMFORT with courage, flexibility and enthusiasm. They are all to be congratulated on a job "Well Done."

Operation Southern Watch

Total medical/dental personnel: 110 (includes six BUMED augmentees)

USS Carl Vinson (CVN 70) Carrier Battle Group (CVBG): The CVBG has 79 ward beds, one operating room, eight intensive care beds, four quiet room beds, and has a medical/dental staff of 56.

In Country: Attached with the Administrative Support Unit Bahrain are four physicians, two dentists, three nurses, one Medical Service Corps (MSC) officer and 26 corpsmen. BUMED also provides one corpsman to augment the COMUSNAVCENT staff, which is located adjacent to ASU Bahrain.

Operation Provide Promise

Total medical/dental personnel: 237 (includes 181 BUMED augmentees)

LCDR Gail Regan, MSC, from MED 24, is located at Camp Pleso, Zagreb, Croatia, and is acting as the Force Hygiene Officer for the United Nations Protection Force located in country.

180 personnel assigned to Fleet Hospital 6 staff the U.N. Hospital located at Camp Pleso. These personnel were taken from Navy Medical commands located throughout the HSO San Diego region.

Fleet Hospital 6, under the command of CAPT James Johnson, MC, remains a very visible and strong presence in Eastern Europe. This staff has seen more patients than the previous two staffs -- they will shortly top 25,000 outpatient visits. Meanwhile in Portsmouth, VA, the staff of Fleet Hospital 5, under the command of CAPT Gregg Parker, MC, is putting the final touches on their pre-deployment plan to Zagreb. Their command activation ceremony will be 17 August; they are due to relieve the Fleet Hospital 6 staff on 29 August.

USS George Washington (CVN 73) Carrier Battle Group (CVBG): The CVBG has 60 ward beds, one operating room, eight intensive care beds, four quiet room beds, and has a medical/dental staff of 56.

Operation Joint Task Force Full Accounting

Navy physicians and independent duty corpsmen are supporting this operation by volunteering to serve tours ranging from just under two weeks to two months. Naval Hospital Newport, RI, and Naval Medical Center Portsmouth, VA, are each providing an IDC to augment missions currently in country. Seven of the nine missions to Southeast Asia identified for FY94 have been completed.

Exercise Support

Individuals and components of mobile medical augmentation readiness teams (MMARTs) support various exercises/operations as required, bolstering the "organic" medical assets of the units involved.

Surgical Team 4 (minus): six personnel -- one physician, one nurse and four corpsmen from National Naval Medical Center, Bethesda, MD, are providing MMART surgical team coverage for Exercise Valiant Usher.

Fleet Surgical Teams are also deployed to provide additional medical support where needed, as directed by the CINCs.

Miscellaneous OCONUS and Fleet Support

Providing TAD (temporary additional duty) support to 10 fleet

platforms and nine OCONUS facilities are 55 Navy Medical Department personnel: 22 physicians, seven nurses, one MSC, and 25 hospital corpsmen.

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HEADLINE: HEALTHWATCH: Shake the Problem, Not the Baby

USNH Yokosuka, Japan (NSMN) -- Last January, I attended the San Diego Conference on Responding to Child Maltreatment. This was a national conference on child abuse. While there I learned some interesting things. In one seminar the lecturer started out by taking an egg, cracking it into a plastic container, then dropping the sealed container onto the carpeted floor. The yolk survived the fall fully intact.

The lecturer then took the same egg container and shook it a little. Guess what the results were? The egg yolk was no more. This was the introduction to a half-day seminar on head trauma in children that featured the so-called "shaken-baby syndrome." There was more to the story than the egg in the jar, though.

The shaken-baby syndrome received its name just over 20 years ago when a connection was made between brain injuries in young children and interviews with those who were charged with causing the injuries. A pattern began to emerge whereby it seemed that children were receiving their brain damage without any external signs of trauma, and the perpetrators were denying striking the children. In fact, in many cases, it seemed that there was not even any intent to harm or discipline the kids.

The typical story was that the child was crying and the caregiver, after trying every other means available, shook the child and he or she eventually became quiet. Unfortunately, the reason the child was quiet was because of brain damage and the emergence of a coma. A variation of this story was that the caregiver was trying to discipline the child but didn't want to strike him or her because it was felt that spanking was child abuse.

Since the shaken-baby syndrome emerged into the public consciousness, those who deal with children have been wondering: just how much shaking can a child tolerate before suffering any ill effects? The result has been that many parents and caregivers have begun treating their children more gently, which is good, but some have also gone to the extreme of becoming afraid to hold and play with children in a normal, healthy way, which is bad.

This seminar that I attended tried to address the question of how much shaking was too much. To do this, the lecturer first presented a survey of all deaths due to head trauma in children at a major medical center over a year's time. Surprisingly, none of the cases involved just shaking.

Perhaps the results of the study were due to public awareness of the dangers of shaking babies, so attention was then given to those convicted of child abuse on the basis of shaking. Dozens of perpetrators were interviewed and asked to describe how they injured their children. The typical response was that the child would be shaken for a few seconds, with a force that made onlookers think the baby's head was about to come off. Then, in

a cathartic venting of frustration, the baby would be thrown down either on a bed or couch. Sort of like spiking a football after a touchdown. There were a few cases where the children weren't thrown down, but it was noted during demonstrations that the child's head would strike the chest of the adult during the shaking.

Further studies indicated that it was not shaking that caused damage, but rather the forceful throwing of the child after the shaking.

So, is the "shaken-baby syndrome" just a myth? That all depends on how you look at it. While it may be more accurate to call this the "shaken-then-spiked-like-a-football-baby syndrome," it still comes down to the fact that many children have been (and still are) injured by frustrated caregivers who have come to the end of their ropes and lost control.

As a parent of a colicky newborn, I can empathize with the frustrations associated with crying babies. But since we are adults, it is our responsibility to protect the children placed in our care, even if it is from our own anger. Military Family Service Centers have classes in anger management and parenting skills. I would highly recommend these for all parents. And, also for everyone, please don't be afraid to play with your kids. You'll all be better off for it.

Story by LT Daniel Goddard, MC, Atsugi Branch Medical Clinic  
EDITORS NOTE: September is Baby Safety Awareness Month

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3. Professional Notes: Information on upcoming symposiums, conferences or courses of interest to Navy Medical Department personnel and wrap-ups on ones attended. Anyone with information to share in this section should contact the editor (see the last paragraph of this message on ways to do so).

September Meetings:

-- 17-20 September 1994, Hospital Epidemiology Training Course, Chicago. For information, contact SHEA Meetings Department, 875 Kings Highway, Suite 200, Woodbury, NJ 08096-3172; (609) 845-1720.

-- 21-22 September 1994, Fourth Annual Symposium on Health Care Ethics, Naval Air Station Glenview, IL. Sponsored by NavHosp Great Lakes, Bioethics Committee. For information call CDR F.E. Rodriguez, NC, Bioethics Committee Chair, at (708) 688-5929, DSN 792-5929.

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HEADLINE: AMSUS Honors Four with Lecture Awards

AMSUS Bethesda, MD (NSMN) -- "The Association of Military Surgeons of the United States has made excellent choices for this year's annual awards," said RADM Richard Ridenour, MC, Core Program Committee Chair.

This year's 101st Annual Meeting will be held in Orlando, FL, and, according to AMSUS Executive Director LtGen Max B. Bralliar, USAF (Ret.), MC, "more than 6,000 military and federal physicians, dentists, veterinarians, nurses, administrators and enlisted members are expected" for the 13-18 November meeting.

"It wasn't easy to choose among the many candidates, but the committee was able to reach consensus on the final four," Ridenour said. "Our committee's selections are:"

-- The Richard A. Kern Lecture Award

RADM Joseph Cassells, MC, USN (Ret.), is the 1994 selection for the Richard A. Kern Lecture Award.

During his 28-year career, Cassells has made significant contributions to the federal medicine program both in military service and as a senior program officer, Institute of Medicine, National Academy of Science, and by distinguishing himself through exceptional leadership and management of 31 hospitals and 200 medical clinics worldwide.

At the Institute of Medicine, he has been actively involved in numerous issues, including health and disability prevention, the U.S. Army Breast Cancer Study, and The Forum on Blood Safety and Availability.

-- The William C. Porter Lecture Award

For contributions in the field of psychiatry, LtCol Molly J. Hall, USAF, MC, is the 1994 William C. Porter honoree.

Hall serves as the Chief of Psychiatry Services, USAF Medical Center, at Wright-Patterson Air Force Base, OH.

Her professional contributions to federal medicine include being a psychiatry consultant to the Astronaut Selection Board, medical consultant to the Regional Managed Care Office, Associate Director of Psychiatric Education, and an Associate Professor in the Department of Psychiatry at Wright State School of Medicine.

She is a recognized author of numerous publications and presentations, an Outstanding Faculty Awardee at Wayne State University, and was selected as Dayton, OH, Career Woman of the Year for Health and Education.

-- The Edward Rhodes Stitt Lecture Award

For outstanding contributions in the field of laboratory medicine, Doctor Ronald E. Ginsburg, Department of Veterans Administration, will receive the Edward Rhodes Stitt Lecture Award.

Ginsburg is currently the Chief of Pathology and Laboratory Medicine Services at the Veterans Administration Medical Center in Albany, NY. He originated and developed the software module for the VA Decentralized Hospital Computer Program (DHCP) and has been a driving force behind the quality assurance program and current application modules.

Through his dedication and professional excellence, the laboratory DHCP is internationally recognized for its comprehensiveness and accuracy.

Ginsburg is also a Professor in Pathology at Albany Medical College and has a distinguished record of publications and presentations.

-- The Sustaining Membership Lecture Award

In the field of medical research, Capt. Lance Liotta, MC, U.S. Public Health Service, is the 1994 Sustaining Membership



Lecture awardee.

Liotta is Chief, Laboratory of Pathology, and Director, Anatomic Pathology Residency Program, National Cancer Institute, and Clinical Professor of Pathology at George Washington University School of Medicine.

During his 18-year research and clinical career, he has focused on neoplasms with an emphasis on biochemical and genetic mechanisms of tumor invasions and metastases.

Liotta is the author of more than 300 publications, a featured speaker at 42 national and international engagements, and the recipient of dozens of honors and special scientific recognition.

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HEADLINE: Call for Abstracts for Nursing Symposium

NMC San Diego (NSMN) -- Medical personnel in any federal service -- the military, VA and PHS -- are encouraged to submit abstracts for presentation at the Shea-Arentzen Nursing Symposium 1995 to be held 20-24 March 1995 at the Hyatt Regency in La Jolla, CA. Presentations do not have to be research-based.

Deadline for submission is 1 September 1994. Applications can be obtained from CDR Chris Laurent, NC, or CDR Bill Aiken, NC, at DSN 522-6412 or (619) 532-6412 (after hours, leave your name and address for an application to be mailed to you).

The theme for the 1995 symposium is "Navigating New Frontiers of Nursing Practice: The Challenges of Health Care Reform."

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4. Two-month calendar of events:

AUGUST

National Head Lice Prevention Month (National Pediculosis Association, 1-800-446-4NPA or 617/449-NITS)

9 August: VOTE! Colorado Primary  
15 August: DC DUINS Board Convenes  
15 August: Active O-3 MC, DC, MSC, NC Boards Convene  
16 August: VOTE! Wyoming Primary  
18 August: National Medical Dosimetrist Day (309/343-1202)  
19 August 1916: Naval Reserve Force established  
22 August 1912: Navy Dental Corps Birthday  
23 August 1914: Japan Declares War on Germany  
23 August: VOTE! Alaska and Oklahoma Primaries  
25 August 1944: U.S. troops free Paris  
28 August 1994: Armed Forces Voters Week begins  
31 August: O-5 Fitness Reports Due

SEPTEMBER

National Sickle Cell Month (213/736-5211)  
Women in Medicine Month (312/464-4392)  
Baby Safety Awareness Month  
Children's Eye Health and Safety Month (1-800-331-2020)  
Leukemia Society Month (1-800-955-4LSA)  
National Cholesterol Education Month (301/251-1222)  
1-7 September: Child Injury Prevention Week  
1-8 September: National Oral Hygiene Week

3 September: Vote! Guam Primary  
 4-5 September: Muscular Dystrophy Association Telethon  
 5 September: Labor Day  
 5-7 September: Rosh Hashanah (begins-ends at sundown)  
 6 September: Vote! Florida and Nevada Primaries  
 10 September: Vote! Delaware Primary  
 11-17 September: National Marrow Donor Awareness Week  
 11-17 September: National Health Care Environmental  
 (312/280-3365) Services Week  
 11-17 September: Hospital Bed Check Week (202/333-0700)  
 12 September: Reserve O-3/O-4 Staff Corps Boards Convene  
 13 September: E-5 Advancement Exam  
 13 September: Vote! Arizona, Connecticut, District of  
 Columbia, Maryland, Minnesota, New Hampshire, New York, Rhode  
 Island, Vermont, Virgin Islands and Wisconsin Primaries  
 14 September: Ombudsman Appreciation Day  
 14-15 September: Yom Kippur (begins at sundown)  
 15 September: E-6 Advancement Exam  
 15 September - 15 October: Hispanic Heritage Month  
 17 September: Vote! Hawaii Primary  
 17 September: POW/MIA Recognition Day  
 17 September: Citizenship Day  
 17-23 September: Constitution Week  
 18-24 September: National Rehabilitation Week (717/348-1497  
 or 1498)  
 20 September: Vote! Massachusetts and Washington Primaries  
 23 September, 0219 ET: Fall Equinox -- First Day of Autumn  
 25 September - 1 October: National Allied Health Week  
 (202/857-1150)  
 26 September: Medical Depart. CO/XO Screening Board Convenes  
 30 September: E-7/E-8 Evals Due  
 30 September: Reserve O-4/O-5 FitReps Due

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5. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS  
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